

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Healthcare Freedom Fund

ADDRESS (number and street)

PO Box 2485

Check if different
than previously
reported. (ACC)

Springfield

VA

22152

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00528414

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2017

through

M M M / D D D / Y Y Y Y Y Y
12 31 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Grandy, Joe, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Grandy, Joe, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 31 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Healthcare Freedom Fund

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 07 / 01 / 2017

To:

 M M / D D / Y Y Y Y Y
 12 / 31 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2017		78372.08
(b) Cash on Hand at Beginning of Reporting Period.....	26844.87	
(c) Total Receipts (from Line 19)	73550.00	259800.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	100394.87	338172.08
7. Total Disbursements (from Line 31).....	94165.71	331942.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	6229.16	6229.16
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Healthcare Freedom Fund

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	1		2	0	1	7		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	7		

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

7000.00

7250.00

(ii) Unitemized

50.00

50.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

7050.00

7300.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

66500.00

252500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

73550.00

259800.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

73550.00

259800.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

73550.00

259800.00

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	75765.71	133542.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	75765.71	133542.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18400.00	198400.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	94165.71	331942.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	94165.71	331942.92

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	73550.00	259800.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	73550.00	259800.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	75765.71	133542.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	75765.71	133542.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 34
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Austin, Tani Dru, , ,

Mailing Address 5563 Rustic Manor Drive

City
Brownsville

State
TX

Zip Code
78526-4209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Starkey Hearing Foundation

Occupation (for Individual)
Founder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2017

Transaction ID : SA11AI.5816

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dreyfus, Mark, , ,

Mailing Address 5104 Oceanfront Avenue

City
Virginia Beach

State
VA

Zip Code
23451

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ECPI University

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2017

Transaction ID : SA11AI.5817

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gunas, Peter, J., , III

Mailing Address 2105 S. Randolph Street

City
Arlington

State
VA

Zip Code
22204

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Investment Company Institute

Occupation (for Individual)
Government Affairs Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2017

Transaction ID : SA11AI.5789

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Howard, Henry, B., ,

Mailing Address 1200 Brickell Avenue
Suite 310

City
Miami

State
FL

Zip Code
33131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US Education Finance Corp.

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2017

Transaction ID : SA11AI.5829

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Savary-Taylor, Mary, E., ,

Mailing Address 409 McArthur Avenue NE

City
Vienna

State
VA

Zip Code
22180-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Nickles Group LLC

Occupation (for Individual)
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2017

Transaction ID : SA11AI.5806

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schellhas, Robert, J., ,

Mailing Address 2639 N. Roosevelt Street

City
Arlington

State
VA

Zip Code
22207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ernst & Young

Occupation (for Individual)
Gov. Relations Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2017

Transaction ID : SA11AI.5791

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

7000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ALKERMES, INC. POLITICAL ACTION COMMITTEE

Mailing Address 852 WINTER STREET

City
WALTHAM

State
MA

Zip Code
02451

FEC ID number of contributing
federal political committee.

C C00525063

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

12 / **11** / **2017**

Transaction ID : SA11C.5832

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 75357

City
WASHINGTON

State
DC

Zip Code
20013

FEC ID number of contributing
federal political committee.

C C00006080

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / **20** / **2017**

Transaction ID : SA11C.5824

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION - OSTEOPATHIC POLITICAL ACTION COMMITTEE

Mailing Address 1090 VERMONT AVE., NW
SUITE 500

City
WASHINGTON

State
DC

Zip Code
20005

FEC ID number of contributing
federal political committee.

C C00113803

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / **20** / **2017**

Transaction ID : SA11C.5838

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 9 OF 34
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AMERICAN PSYCHIATRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 800 MAINE AVE SW
SUITE 900

City
WASHINGTON

State
DC

Zip Code
20024

FEC ID number of contributing
federal political committee.

C C00373696

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / **30** / **2017**

Transaction ID : SA11C.5793

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE POLITICAL ACTION COMMITTEE (FKA ASMT/PAC)

Mailing Address 1861 INTERNATIONAL DRIVE
#200

City

TYSONS CORNER

State
VA

Zip Code
22102

FEC ID number of contributing
federal political committee.

C C00034645

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / **20** / **2017**

Transaction ID : SA11C.5826

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. AMERIPRISE FINANCIAL INC. POLITICAL ACTION COMMITTEE (AMERIPRISEPAC)

Mailing Address 101 CONSTITUTION AVE. NW
SUITE 701B EAST

City

WASHINGTON

State
DC

Zip Code
20001

FEC ID number of contributing
federal political committee.

C C00414474

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / **05** / **2017**

Transaction ID : SA11C.5803

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

A. ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2300 WILSON BLVD.
SUITE 300

City
ARLINGTON

State
VA

Zip Code
22201

FEC ID number of contributing
federal political committee.

C

C00082917

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2017

Transaction ID : SA11C.5777

Amount of Each Receipt this Period

2500.00

☐ Memo Item

B. AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 S. AKARD STREET
SUITE 1812

City
DALLAS

State
TX

Zip Code
75202

FEC ID number of contributing
federal political committee.

C

C00109017

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 06 / 2017

Transaction ID : SA11C.5831

Amount of Each Receipt this Period

2000.00

☐ Memo Item

C. CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERAL (CITIGROUP PAC-FEDERAL)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1101 PENNSYLVANIA AVENUE NW #1000

City
WASHINGTON

State
DC

Zip Code
20004

FEC ID number of contributing
federal political committee.

C

C00008474

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2017

Transaction ID : SA11C.5779

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

7000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION

Mailing Address 601 PENNSYLVANIA AVENUE, NW
SOUTH BUILDING, SUITE 600

City
WASHINGTON

State
DC

Zip Code
20004

FEC ID number of contributing
federal political committee.

C C00007880

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / **09** / **2017**

Transaction ID : SA11C.5821

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FEDERATION OF AMERICAN HOSPITALS PAC

Mailing Address 750 9TH STREET NW
SUITE 600

City
WASHINGTON

State
DC

Zip Code
20001

FEC ID number of contributing
federal political committee.

C C00002261

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

12 / **15** / **2017**

Transaction ID : SA11C.5835

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FINANCIAL SERVICES ROUNDTABLE PAC

Mailing Address 600 13TH STREET, N.W.
SUITE 400

City
WASHINGTON

State
DC

Zip Code
20005

FEC ID number of contributing
federal political committee.

C C00193177

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / **29** / **2017**

Transaction ID : SA11C.5785

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FMR LLC POLITICAL ACTION COMMITTEE - FEDERAL (FIDELITY PAC)

Mailing Address 200 SEAPORT BOULEVARD, V9B

City
BOSTON

State
MA

Zip Code
02210

FEC ID number of contributing
federal political committee.

C C00380550

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

11 / **08** / **2017**

Transaction ID : SA11C.5819

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GROOM LAW GROUP, CHARTERED POLITICAL ACTION COMMITTEE

Mailing Address 1701 PENNSYLVANIA AVENUE, NW

City
WASHINGTON

State
DC

Zip Code
20006

FEC ID number of contributing
federal political committee.

C C00394775

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / **10** / **2017**

Transaction ID : SA11C.5810

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE FEDER

Mailing Address 7 HANOVER SQUARE

City
NEW YORK

State
NY

Zip Code
10004

FEC ID number of contributing
federal political committee.

C C00173393

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / **10** / **2017**

Transaction ID : SA11C.5808

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 34

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. I.P.H.F.H.A. INC. POLITICAL ACTION COMMITTEE INC.

Mailing Address 7829 E. ROCKHILL #201

City
WICHITAState
KSZip Code
67206FEC ID number of contributing
federal political committee.

C

C00251447

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2017

Transaction ID : SA11C.5771

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INCMailing Address 1900 K STREET NW
SUITE 700City
WASHINGTONState
DCZip Code
20006FEC ID number of contributing
federal political committee.

C

C00084491

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2017

Transaction ID : SA11C.5812

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. IN THE ARENA PAC

Mailing Address PO BOX 7244

City
LITTLE ROCKState
ARZip Code
72217FEC ID number of contributing
federal political committee.

C

C00623512

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2017

Transaction ID : SA11C.5775

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

7000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 34

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1295 STATE STREET

City
SPRINGFIELD

State
MA

Zip Code
01111

FEC ID number of contributing
federal political committee.

C C00118943

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

09 / **30** / **2017**

Transaction ID : SA11C.5795

Amount of Each Receipt this Period

3000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE (NECAPAC)

Mailing Address 3 BETHESDA METRO CENTER
SUITE 1100

City
BETHESDA

State
MD

Zip Code
20814

FEC ID number of contributing
federal political committee.

C C00113811

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

12 / **15** / **2017**

Transaction ID : SA11C.5836

Amount of Each Receipt this Period

5000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 MADISON AVENUE
ROOM 1109

City
NEW YORK

State
NY

Zip Code
10010

FEC ID number of contributing
federal political committee.

C C00158881

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / **25** / **2017**

Transaction ID : SA11C.5781

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 34

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OPPENHEIMERFUNDS, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1295 STATE STREET

City
SPRINGFIELD

State
MA

Zip Code
01111

FEC ID number of contributing
federal political committee.

C C00367920

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

09 / 30 / 2017

Transaction ID : SA11C.5797

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PHARMACEUTICAL RESEARCH & MANUFACTURERS OF AMERICA BETTER GOVERNMENT COMMITTEE

Mailing Address 950 F STREET, NW
SUITE 300

City
WASHINGTON

State
DC

Zip Code
20004

FEC ID number of contributing
federal political committee.

C C00021972

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 05 / 2017

Transaction ID : SA11C.5804

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RITE AID CORPORATION PAC

Mailing Address 30 HUNTER LANE

City
CAMP HILL

State
PA

Zip Code
17011

FEC ID number of contributing
federal political committee.

C C00104083

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 27 / 2017

Transaction ID : SA11C.5828

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 34

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPINE PAC OF THE NATIONAL ASSOCIATION OF SPINE SPECIALISTS

Mailing Address 7075 VETERANS BLVD.

City
BURR RIDGE

State
IL

Zip Code
60527

FEC ID number of contributing
federal political committee.

C C00349225

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

07 / **14** / **2017**

Transaction ID : SA11C.5773

Amount of Each Receipt this Period

4000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TEXTRON INC. POLITICAL ACTION COMMITTEE

Mailing Address 40 WESTMINSTER STREET

City
PROVIDENCE

State
RI

Zip Code
02903

FEC ID number of contributing
federal political committee.

C C00123612

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / **25** / **2017**

Transaction ID : SA11C.5783

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THE AMERICAN SOCIETY OF PENSION PROFESSIONALS AND ACTUARIES POLITICAL ACTION COMMITTEE (AS

Mailing Address 4245 N. FAIRFAX DRIVE

City
ARLINGTON

State
VA

Zip Code
22202

FEC ID number of contributing
federal political committee.

C C00333104

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / **16** / **2017**

Transaction ID : SA11C.5823

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 34

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 THE AMERICAN SOCIETY OF PENSION PROFESSIONALS AND ACTUARIES POLITICAL ACTION COMMITTEE (AS

Mailing Address 4245 N. FAIRFAX DRIVE

City
 ARLINGTON

State
 VA

Zip Code
 22202

FEC ID number of contributing
 federal political committee.

C C00333104

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 15 / 2017

Transaction ID : SA11C.5834

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE

Mailing Address 1155 F STREET, NW
 SUITE 400

City
 WASHINGTON

State
 DC

Zip Code
 20004

FEC ID number of contributing
 federal political committee.

C C00284885

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2017

Transaction ID : SA11C.5840

Amount of Each Receipt this Period

5000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 THE VANGUARD GROUP COMMITTEE FOR RESPONSIBLE GOVERNMENT

Mailing Address 975 F STREET NW
 SUITE 500

City
 WASHINGTON

State
 DC

Zip Code
 20004

FEC ID number of contributing
 federal political committee.

C C00410266

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2017

Transaction ID : SA11C.5801

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 34

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

A. UBS AMERICAS INC. POLITICAL ACTION COMMITTEE (UBS PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 WASHINGTON BOULEVARD
C/O PER DYRVIK

City STAMFORD	State CT	Zip Code 06901
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee. **C** C00012245

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2017

Transaction ID : SA11C.5799

Amount of Each Receipt this Period

5000.00

☐ Memo Item

B. VOYA FINANCIAL, INC., POLITICAL ACTION COMMITTEE (VOYA FINANCIAL PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 230 PARK AVENUE
C/O CHIEF LEGAL OFFICER

City NEW YORK	State NY	Zip Code 10169
------------------	-------------	-------------------

FEC ID number of contributing
federal political committee. **C** C00184028

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2017

Transaction ID : SA11C.5814

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

6000.00

TOTAL This Period (last page this line number only).....▶

66500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address PO BOX 1270

City
NEWARKState
NJZip Code
07101Purpose of Disbursement
Credit Card Payment

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	1			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.5850**

Amount of Each Disbursement this Period

2542.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hermitage Hotel

Mailing Address 231 6th Ave N

City
NashvilleState
TNZip Code
37219Purpose of Disbursement
Lodging

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	9			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.5850.C**

Amount of Each Disbursement this Period

1199.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Nashville Armory

Mailing Address 4290 Kenilwood Drive

City
NashvilleState
TNZip Code
37204Purpose of Disbursement
Event Entertainment

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.5850.**

Amount of Each Disbursement this Period

1295.72

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2542.47

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address PO BOX 1270

City
NEWARKState
NJZip Code
07101Purpose of Disbursement
Credit Card Payment

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	7		2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.5854**

Amount of Each Disbursement this Period

2757.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Capitol Hill Club

Mailing Address 300 1st Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Food/Beverage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	5		2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.5854.C**

Amount of Each Disbursement this Period

2757.84

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address PO BOX 1270

City
NEWARKState
NJZip Code
07101Purpose of Disbursement
Credit Card Payment

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		1	1		2	0	1	7		

FEC Identification Number

C**Transaction ID : SB21B.5855**

Amount of Each Disbursement this Period

2311.10

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5068.94

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Trattoria Alberto

Mailing Address 506 8th Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Food/Beverage

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				06				2017					

FEC Identification Number

C

Transaction ID : SB21B.5855.1

Amount of Each Disbursement this Period

2311.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address PO Box 200

City
WilsonState
NCZip Code
27894-0200Purpose of Disbursement
Credit Card PaymentCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
07				12				2017					

FEC Identification Number

C

Transaction ID : SB21B.5841

Amount of Each Disbursement this Period

2752.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ristorante Tosca

Mailing Address 1112 F Street NW

City
WashingtonState
DCZip Code
20004Purpose of Disbursement
Food/Beverage

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
06				07				2017					

FEC Identification Number

C

Transaction ID : SB21B.5841.

Amount of Each Disbursement this Period

520.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2752.54

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. American AirlinesMailing Address 4333 Amon Carter Boulevard
MD 567City
Fort WorthState
TXZip Code
76155Purpose of Disbursement
Airfare

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5841.1

Amount of Each Disbursement this Period

502.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Capitol Hill Club

Mailing Address 300 1st Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Food/Beverages

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5841.3

Amount of Each Disbursement this Period

1430.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Embassy Suites Hotels

Mailing Address 3303 Pinnacle Hills Parkway

City
RogersState
ARZip Code
72758Purpose of Disbursement
Lodging

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5841.

Amount of Each Disbursement this Period

292.84

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. BB&T

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2017

Mailing Address PO Box 200

City
WilsonState
NCZip Code
27894-0200Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.5842

Amount of Each Disbursement this Period

2236.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2017

Mailing Address 4333 Amon Carter Boulevard
MD 567City
Fort WorthState
TXZip Code
76155Purpose of Disbursement
Airfare

Candidate Name

002
Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.5842.C

Amount of Each Disbursement this Period

557.31

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Capitol Hill Club

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		17		2017

Mailing Address 300 1st Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Food/Beverage

Candidate Name

003
Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.5842.

Amount of Each Disbursement this Period

1319.50

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2236.81

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Amtrak

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	9			2	0	1	7		

Mailing Address 60 Massachusetts Ave NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
Trainfare

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.5842.1

Amount of Each Disbursement this Period

360.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	1	7		

Mailing Address PO Box 200

City
WilsonState
NCZip Code
27894-0200Purpose of Disbursement
Credit Card PaymentCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.5843

Amount of Each Disbursement this Period

3481.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Capitol Hill Club

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	1	7		

Mailing Address 300 1st Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Food/Beverage

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.5843.

Amount of Each Disbursement this Period

1323.73

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3481.43

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Mastro's Steakhouse

Mailing Address 600 13th St NW

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Food/Beverage

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	7				2	7						2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B.5843.

Amount of Each Disbursement this Period

1096.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. San Carlos Hotel

Mailing Address 20 West 50th Street

City
New YorkState
NYZip Code
10022Purpose of Disbursement
Lodging

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	7				2	1						2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B.5843.

Amount of Each Disbursement this Period

836.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Amtrak

Mailing Address 60 Massachusetts Ave NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
Trainfare

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	7				2	0						2	0	1	7

FEC Identification Number

C

Transaction ID : SB21B.5843.

Amount of Each Disbursement this Period

194.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. BB&T

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2017

Mailing Address PO Box 200

City
WilsonState
NCZip Code
27894-0200Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.5847**

Amount of Each Disbursement this Period

4800.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2017

Mailing Address 4333 Amon Carter Boulevard
MD 567City
Fort WorthState
TXZip Code
76155Purpose of Disbursement
Airfare

Candidate Name

002
Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.5847.2**

Amount of Each Disbursement this Period

188.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Sonoma

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

Mailing Address 223 Pennsylvania Avenue SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Food/Beverage

Candidate Name

003
Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.5847.**

Amount of Each Disbursement this Period

1197.41

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4800.81

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Hill Country BBQ Market

Mailing Address 410 7th Street, NW

City
WashingtonState
DCZip Code
20004Purpose of Disbursement
Food/Beverage

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				01				2017					

FEC Identification Number

C

Transaction ID : SB21B.5847.4

Amount of Each Disbursement this Period

2788.04

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. American AirlinesMailing Address 4333 Amon Carter Boulevard
MD 567City
Fort WorthState
TXZip Code
76155Purpose of Disbursement
Airfare

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
08				29				2017					

FEC Identification Number

C

Transaction ID : SB21B.5847.5

Amount of Each Disbursement this Period

484.39

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Capitol Hill Club

Mailing Address 300 1st Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Food/Beverage

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
09				15				2017					

FEC Identification Number

C

Transaction ID : SB21B.5847.

Amount of Each Disbursement this Period

92.84

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. BB&T

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	9			2	0	1	7		

Mailing Address PO Box 200

City
WilsonState
NCZip Code
27894-0200Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : SB21B.5851

Amount of Each Disbursement this Period

3668.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hermitage Golf Course

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	1	7		

Mailing Address 3939 Old Hickory Boulevard

City
Old HickoryState
TNZip Code
37138Purpose of Disbursement
Event Entertainment

Candidate Name

003
Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : SB21B.5851.1

Amount of Each Disbursement this Period

581.21

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Hertz Rent-A-Car

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	9			2	0	1	7		

Mailing Address PO Box 26120

City
Oklahoma CityState
OKZip Code
73126Purpose of Disbursement
Transporation

Candidate Name

002
Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : SB21B.5851.

Amount of Each Disbursement this Period

253.22

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3668.05

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Hermitage Hotel

Mailing Address 231 6th Ave N

City
NashvilleState
TNZip Code
37219Purpose of Disbursement
Lodging

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	3			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5851.4

Amount of Each Disbursement this Period

2433.62

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address PO Box 200

City
WilsonState
NCZip Code
27894-0200Purpose of Disbursement
Credit Card PaymentCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5856

Amount of Each Disbursement this Period

3195.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Trattoria Alberto

Mailing Address 506 8th Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Food/Beverage

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	9			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5856.

Amount of Each Disbursement this Period

805.77

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3195.17

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 34

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Del Mar

Mailing Address 791 Wharf Street SW

City
Washington

State
DC

Zip Code
20024

Purpose of Disbursement
Food/Beverage

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 28 / 2017

FEC Identification Number

C

Transaction ID : SB21B.5856.1

Amount of Each Disbursement this Period

2383.07

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Concentric Office, LLC

Mailing Address PO Box 2485

City
Springfield

State
VA

Zip Code
22152

Purpose of Disbursement
Compliance Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 16 / 2017

FEC Identification Number

C

Transaction ID : SB21B.5844

Amount of Each Disbursement this Period

924.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Concentric Office, LLC

Mailing Address PO Box 2485

City
Springfield

State
VA

Zip Code
22152

Purpose of Disbursement
Compliance Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 13 / 2017

FEC Identification Number

C

Transaction ID : SB21B.5852

Amount of Each Disbursement this Period

928.42

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1852.49

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Machado & Company

Mailing Address 6111 Newman Road

City
FairfaxState
VAZip Code
22030-5918Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5845

Amount of Each Disbursement this Period

7000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Machado & Company

Mailing Address 6111 Newman Road

City
FairfaxState
VAZip Code
22030-5918Purpose of Disbursement
Event Supplies

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5846

Amount of Each Disbursement this Period

1623.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. L.L. Bean

Mailing Address

City
FreeportState
MEZip Code
04033Purpose of Disbursement
Event Supplies

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5846.

Amount of Each Disbursement this Period

1623.25

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8623.25

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Machado & Company

Mailing Address 6111 Newman Road

City
FairfaxState
VAZip Code
22030-5918Purpose of Disbursement
Food/Beverage

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5853

Amount of Each Disbursement this Period

4400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert's Western World

Mailing Address 416 B Broadway

City
NashvilleState
TNZip Code
37203Purpose of Disbursement
Food/Beverage

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	7			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5853.c

Amount of Each Disbursement this Period

4400.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Machado & Company

Mailing Address 6111 Newman Road

City
FairfaxState
VAZip Code
22030-5918Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	3			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5857

Amount of Each Disbursement this Period

18000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

22400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. Machado & Company

Mailing Address 6111 Newman Road

City
FairfaxState
VAZip Code
22030-5918Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				29				2017					

FEC Identification Number

C

Transaction ID : SB21B.5859

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

15000.00

TOTAL This Period (last page this line number only).....▶

75621.96

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

A. NRCC

Mailing Address 320 FIRST STREET SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
2017 General Fund

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				13				2017					

FEC Identification Number

C C00075820

Transaction ID : SB23.5858

Amount of Each Disbursement this Period

18400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

18400.00

18400.00